



**DEPARTMENT OF FINANCIAL SERVICES**  
Division of Treasury – Bureau of Collateral Management

Department of Financial Services  
Division of Treasury  
Bureau of Collateral Management  
200 East Gaines Street  
Tallahassee FL 32399-0345

**QUALIFIED PUBLIC DEPOSITORY  
MONTHLY REPORT**

**Instructions:** Complete all parts and submit this report to the Chief Financial Officer by email at [PublicDeposits@myfloridacfo.com](mailto:PublicDeposits@myfloridacfo.com) or as directed by the Chief Financial Officer.

- Part One      Monthly Reporting of Financial Information  
                    (If this report is being submitted as a preliminary filing pursuant to Rule 69C-2.016(2), F.A.C., then Part One Schedule D does not need to be completed.)
- Part Two      Name/Address Change of QPD/Operating Subsidiary and Primary and Secondary  
                    Contact (must indicate if no change)
- Part Three     Certification

Pursuant to section 280.16, Florida Statutes (F.S.), any information contained in this report is confidential and exempt from section 119.07(1), F.S., and not subject to dissemination to anyone other than the Chief Financial Officer under chapter 280, F.S.

**PART ONE – MONTHLY REPORTING OF FINANCIAL INFORMATION**

**Schedule A, Qualified Public Depository (QPD) Information**

Reported Month & Year:

Report type (select one): ☐ Preliminary Filing    ☐ Original Filing    ☐ Amended Report

FEIN:                      Legal Name of QPD:

**Schedule B, Florida Public Deposits (rounded to the nearest dollar)**

(1) Average daily balance for the reported month

- |   |    |
|---|----|
| (a) Time and savings deposit accounts         | \$ |
| (b) Demand deposit accounts                   | \$ |
| (c) Subtotal of all public deposits           | \$ |
| (d) Value of deposit insurance                | \$ |
| (e) Average daily balance* of public deposits | \$ |

\* Average daily balance shall be determined by totaling, by account, the daily balances held by the depositor and dividing the total by the number of calendar days in the month. Deposit insurance is then deducted from each account balance and the resulting amounts are totaled to obtain the average daily balance. (Average daily balance is (e) = (a) + (b) – (d))

**Schedule C      Required Collateral**

To assist with calculating minimum required collateral, you may utilize the “Required Collateral Calculation Worksheet” on the [Bureau of Collateral Management’s website](#).

- |         |   |    |
|---------|---|----|
| (1) (a) | Required collateral per section 280.04, F.S.  | \$ |
| (b)     | Market value of currently pledged or deposited collateral as of the end of reporting period | \$ |

(c) Required collateral (a) less market value of currently pledged collateral (b) \$

- (2) If (c) is greater than zero, then the qualified public depository has insufficient collateral pledged. A pledge or deposit of collateral is required to be submitted simultaneously per Rule 69C-2.0061, F.A.C., with the filing of this report.

Estimated Market value of deposit \$

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Schedule D Other Financial Information

Required totals are month end balances, calculated as if completing either the total equity capital as described in the Consolidated Reports of Condition and Income, or the net worth as described in the National Credit Union Administration 5300 Call Report.

(1) Tangible equity capital

(a) Total equity capital/net worth \$

(b) Intangible assets value \$

(c) Tangible equity capital \$  
(c) = (a) – (b)

(d) Did this depository experience a decline in tangible equity capital from the previously reported month? ☐ YES ☐ NO

If yes, select reasons for decline from the list below and provide an explanation unless otherwise indicated. Attach additional page if needed.

- ☐ 1. Dividends (explanation not required)
- ☐ 2. Provisions or adjustments for loan and lease losses
- ☐ 3. FASB 115-unrealized holding losses on AFS securities (explanation not required)
- ☐ 4. Other FASB ruling
- ☐ 5. Legal expenses, settlements, or judgments
- ☐ 6. Merger or acquisition costs (explanation not required)
- ☐ 7. Adjusting entries for current period
- ☐ 8. Adjusting entries for prior periods
- ☐ 9. Adjusting entries prompted by examiners or auditors
- ☐ 10. Equity capital adjustments from amended quarterly regulatory reports
- ☐ 11. Increase in intangible assets
- ☐ 12. Accounting changes
- ☐ 13. Extraordinary items
- ☐ 14. Other

Explanation:

(2) Total assets from the Balance Sheet \$

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PART TWO – NAME/ADDRESS CHANGE OF QPD/OPERATING SUBSIDIARY & CONTACTS

☐ Check if there is no change to report and skip to Part Three. Otherwise, complete all applicable fields.

**Qualified Public Depository (QPD)**

Prior Legal Name of QPD:

New Legal Name of QPD:

Prior Home Office Street Address:

Prior Home City: Prior State & Zip Code:

New Home Office Street Address:  
New Home City:                      New State & Zip Code:  
Effective Date of Change:

**Operating Subsidiary**

Prior Legal Name of Operating Subsidiary:  
New Legal Name of Operating Subsidiary:  
Prior Home Office Street Address:  
Prior Home City:                      Prior State & Zip Code:  
New Home Office Street Address:  
New Home City:                      New State & Zip Code:  
Effective Date of Change:

**Designation Primary Contact** (officer/employee responsible for the institution's overall participation in the public deposits program)

Name:                      Title:  
Phone:                      E-mail:  
Effective Date of Change:

**Secondary Contact** (optional, principal back-up to the primary contact)

Name:                      Title:  
Phone:                      E-mail:  
Effective Date of Change:

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PART THREE – CERTIFICATION

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Under penalties of perjury, I declare that I have read the foregoing monthly report and that the facts stated in it are true to the best of my knowledge and belief.

I am authorized to sign on behalf of the foregoing QPD.

Additionally, ONLY if this QPD is a credit union, I attest, that this QPD only has deposits from the Florida state treasury, state universities, and state colleges, and to the best of our belief has not exceeded the limits set forth in section 280.042, F.S.

Authorized Signature for QPD: \_\_\_\_\_  
Printed Name:  
Title:  
Date: